

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WINDSOR HOUSE GLENDALE WEST (310721)
Address: 7325 N PORT WASHINGTON RD, GLENDALE, WI 53217
License Status: REGULAR
Licensed/Certified/Registered 06/01/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096699 **End Date:** 03/13/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096138 **End Date:** 12/19/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008886 Served 01/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/13/2006	Yes

Survey ID: 0093606 **End Date:** 01/23/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092057 **End Date:** 12/22/2003 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008958 Served 03/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	SUPERVISION AND MONITORING	09/20/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	09/20/2005	Yes

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/06/2006 SOD #10008886 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 03/02/2004 SOD #10008958 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 10/19/2005

Date Investigation Completed: 03/13/2006

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/04/2004

Date Investigation Completed: 10/27/2005

Subject Area(s)
SUPERVISION
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2003

Date Investigation Completed: 11/11/2003

Subject Area(s)
QUALITY OF LIFE

Result
SUBSTANTIATED

SOD #
10008958

Date Complaint Received: 07/22/2003

Date Investigation Completed: 01/20/2004

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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